

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 24, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT codes 62284 and 62289-52, for date of service November 25, 2002.

II. RATIONALE

- CPT Code 62289*-52 for date of service 01/08/03. The insurance carrier denied the services as “DDUP – The listed service/procedure cannot be billed in multiple increments on the same day or exceed the maximum number of services for the claim.” Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(4)(a) and (I)(D)(1)(b). Procedure summary supports delivery of service. Reimbursement in the amount of \$131.50 is recommended ($\$263.00 \div 2$).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 62289-52 in the amount of \$131.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$131.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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